Image# 10931435235 107/4/4F20150 11:32

#### **FEC FORM 5**

#### REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation	1
NARAL Pro-Choice America	
(b) Address (number and street)	
Suite 700 (c) City, State and ZIP Code	
Washington DC 20005	3. FEC Identification Number
2. Corporate filers only	<b>C</b> C90004185
Is the filer a qualified nonprofit corporation?	
Individual filers only Name of Employer	L Coupation
Than of Employer	
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	Notice
☐ July 15 Quarterly Report	
October Quarterly Report	
☐ January 31 Year-End Report	
□ January 31 Tear-End Report	
(b) Is this Report an amendment? Yes \( \subseteq \text{No } \textbf{X} \)	
5. COVERING PERIOD: FROM 1,0 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
THROUGH	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
6. TOTAL CONTRIBUTIONS	0.00
7. TOTAL INDEPENDENT EXPENDITURES	6943.02
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
Kimberly Robinson	10/14/2010
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report	to the penalties of 2 U.S.C 437g.
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For further information, contact

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE <b>2</b> / <b>5</b>
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America		
Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice America		Date
Mailing Address 1156 15th Street, NW, Suite 700		Amount
City State Washington DC	zip Code 20005	1087.67
Purpose of Expenditure List rental	Category/ Type	Office Sought: House State: DE Senate X Senate
Name of Federal Candidate Supported or Opposed by Expend Christine O'Donnell	diture:	Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	19870.63	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice America		Date    Date   D
Mailing Address 1156 15th Street, NW, Suite 700		Amount
City State Washington DC	Zip Code 20005	1087.67
Purpose of Expenditure List rental	Category/ Type	Office Sought: House State: PA  Senate X Senate District: 00
Name of Federal Candidate Supported or Opposed by Expendent Toomey	diture:	President  Check One:  Support  District:  OD  OD  OD  OD  OD  OD  OD  OD  OD  O
Calendar Year-To-Date Per Election for Office Sought	27796.42	Disbursement For:  2010  Other (specify)
Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice America		Date    Date   D
Mailing Address 1156 15th Street, NW, Suite 700		Amount
City State Washington DC	Zip Code 20005	1087.67
Purpose of Expenditure List rental	Category/ Type	Office Sought: House State: CA  Senate X Senate District: 00
Name of Federal Candidate Supported or Opposed by Expend Carly Fiorina	diture:	President Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	8328.34	Disbursement For:  2010  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		3263.01
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	3 /	5	

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

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Full Name (Last, First, Middle Initial) of Payee			Date
NARAL Pro-Choice America			M M / D D / Y Y Y Y
Mailing Address			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1156 15th Street, NW, Suite 700			Amount
City	State	Zip Code	1087.67
Washington	DC	20005	
Purpose of Expenditure		Category/	Office Sought: House State: CA
List rental		Туре	Sanata X Sanata
Name of Federal Candidate Supported or Opposed by	y Expenditure	:	President District: 00
Barbara Boxer			Check One: X Support Oppose
0.1.1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		8328.34	2010 Other (specify)
<u> </u>			I Strict (specify)
Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice America			Date
			10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1156 15th Street, NW, Suite 700			Amount
			1087.67
City	State DC	Zip Code 20005	
Washington	DC	20005	
Purpose of Expenditure List rental		Category/	Office Sought: House State: PA
		Туре	Senate X Senate District: 00
Name of Federal Candidate Supported or Opposed by Joseph Sestek	y Expenditure	:	President —
COODIN COOLON			Check One: X Support Oppose
Calendar Year-To-Date Per Election		07700.40	Disbursement For: Primary X General
for Office Sought		27796.42	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
NARAL Pro-Choice America			
Mailing Address			M M / D D / Y Y Y Y Y
1156 15th Street, NW, Suite 700			Amount
City	State	Zip Code	1087.67
Washington	DC	20005	
Purpose of Expenditure		Category/	Office Sought: House State: DE
List rental		Туре	Sonato X Sonato
Name of Federal Candidate Supported or Opposed by	y Expenditure	:	President District: 00
Chris Coons			Check One: X Support Oppose
October Versity Francis St. 51. 51. 51.			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		19870.63	2010 Other (specify)
1			
(a) SUBTOTAL of Itemized Independent Expenditures	2		3263.01
(a) CODICIAL OF REMIZED INDEPENDENT EXPENDITURES	<i></i>		
(b) SUBTOTALof Unitemized Independent Expenditu	res		
•			
			The state of the s
(c) TOTAL Independent Expenditures			

# SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	4 /	5
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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)  NARAL Pro-Choice America	
NARAL PTO-CHOICE AMERICA	
Full Name (Last, First, Middle Initial) of Payee M+R Strategic Services	Date
Mailing Address 2120 L Street, NW 6th Floor	Amount 2 0 1 0
City State Zip Code Washington DC 20037	69.50
Purpose of Expenditure  Email production  Category/ Type	Office Sought: House State: CA Senate X Senate
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 8328.34	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee M+R Strategic Services  Mailing Address	Date  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
2120 L Street, NW 6th Floor	Amount 69.50
City State Zip Code Washington DC 20037	
Purpose of Expenditure Email production  Category/ Type	Office Sought: House State: PA  Senate X Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Joseph Sestek	President Oppose
Calendar Year-To-Date Per Election for Office Sought 27796.42	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee M+R Strategic Services	Date    Date   D
Mailing Address 2120 L Street, NW 6th Floor	Amount
City State Zip Code Washington DC 20037	69.50
Purpose of Expenditure  Email production  Category/ Type	Office Sought: House State: DE  Senate X Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Chris Coons	President District. Occurrence
Calendar Year-To-Date Per Election for Office Sought 19870.63	Disbursement For: 2010  Other (specify)  Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	208.50
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

#### SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE **5**/**5** 

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full) NARAL Pro-Choice America Full Name (Last, First, Middle Initial) of Payee Date M+R Strategic Services 2010 Mailing Address Amount 2120 L Street, NW 6th Floor 69.50 State Zip Code DC 20037 Washington Purpose of Expenditure Office Sought: House State: DE Category/ **Email production** Type Χ Senate Senate District: \_00 President Name of Federal Candidate Supported or Opposed by Expenditure: Christine O'Donnell Check One: Support X Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 2010 19870.63 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date M+R Strategic Services 2010 Mailing Address Amount 2120 L Street, NW 6th Floor 69.50 Zip Code City State Washington DC 20037 Purpose of Expenditure Office Sought: House State: PA Category/ **Email production** Type Χ Senate Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: Pat Toomey Check One: Support X Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 27796.42 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date M+R Strategic Services 2010 Mailing Address Amount 2120 L Street, NW 6th Floor 69.50 Zip Code State City 20037 DC Washington Purpose of Expenditure Office Sought: State: CA Category/ House **Email production** Type Χ Senate Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina Check One: Support X Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2010 8328.34 for Office Sought Other (specify) 208.50 (a) SUBTOTAL of Itemized Independent Expenditures .. (b) SUBTOTALof Unitemized Independent Expenditures..... 6943.02 (c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)